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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 6/17/2014 1:23 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Articles of Or	. •	a a	KLC
PO Box 718	Limited Liabi	lity Company		
Frankfort, KY 40602				
(502) 564-3490 www.sos.ky.gov				
Pursuant to KRS 14A and KRS	 275. the undersigne	ed applies to qualify and for that	t purpose submits the	following statements:
	•			
Article I: The name of the limited		,		
Steel Cu	RTAIN LU	west monts, i	LL	
Article II: The street address of	the limited liability c	ompany's initial registered offic	e in Kentucky is	
4002 BALLARD Ru	in Ct	Swith Gie	K KU	400GP.
Street Address Only (No Post Office E	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that o	Swith Gie city ffice is <u>Kevin Sk</u>	18Ron	
Article III: The mailing address of				
4002 BALLARD RU	in Ct	Swithfile	State of	4006
Street Address or Post Office Box Nu		City	State /	Zíp Code
Article IV: The limited liability co	ompany is to be mar	naged by (must check one):		
	• •		:	
A. a manager(s).				
B. its member(s).				
Article V: This application will be	e effective upon filin	g, unless a delayed effective de	ate and/or time is prov	ided. The effective
date or the delayed effective dat				
date of the delayed effective dat	e camiliot be prior to	the data the apphication to move	at 1110 acto attaion anni	(Delayed effective
			:	date and/or time)
I/We declare under penalty of pe	erjury under the law:			
1 gu		Kevin Shekon, Printed Name & Title	President	6-11-14
Signature of Organizer	ß			
Jason Whiteall	<u>u</u>	JASON WhitAki Printed Name & Title	CK, Member	6-11-14
Signature of Organizer		Printed Name & Title	•	Date
1.		consent to serve as the registere	ed agent on behalf of the lin	nited liability company
Print Name of Registered Agent	A 1000 F 1 12 1	•		
Signature of Registered Agent		Printed Name	Date	

(01/12)